

AMENDED IN ASSEMBLY AUGUST 8, 2006

AMENDED IN ASSEMBLY AUGUST 7, 2006

AMENDED IN ASSEMBLY JUNE 21, 2006

AMENDED IN SENATE MAY 17, 2006

AMENDED IN SENATE MAY 4, 2006

SENATE BILL

No. 1405

Introduced by Senator Soto

(Coauthors: Assembly Members Ridley-Thomas and Yee)

February 22, 2006

An act to add and repeal Section 14122.5 of the Welfare and Institutions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 1405, as amended, Soto. Medi-Cal: ~~Healthy Families Program:~~ interpreter services.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions.

Existing law establishes the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, to arrange for the provision of health, dental, and vision services to eligible children pursuant to a federal program entitled the State Children's Health Insurance Program.

This bill would make certain findings regarding the portion of the California population that is limited English proficient (LEP). The bill

would require the department to establish the Task Force on Reimbursement for Language Services to take specified actions relating to the provision of language assistance services for the population that is LEP and that is enrolled in the Medi-Cal program ~~or the Healthy Families Program~~. The bill would ~~require the department to appoint~~ *provide for the appointment of* the members of the task force based upon certain requirements. It would require the task force to report its recommendations to the Legislature no later than July 1, 2009, and would require that all costs associated with the task force be paid with private funds.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all the
- 2 following:
- 3 (a) By the year 2040, two out of every three Californians will
- 4 be people of color.
- 5 (b) Over 200 languages are spoken in California.
- 6 (c) Latinos represent one-third of California's population, and
- 7 over one-half of California Latinos speak a language other than
- 8 English at home.
- 9 (d) It is estimated that one in five Californians (six to seven
- 10 million people) are limited English proficient (LEP), speaking
- 11 English less than "very well." In the Counties of Imperial, Los
- 12 Angeles, and Monterey, and the City and County of San
- 13 Francisco, between one-quarter and one-third of the population is
- 14 LEP.
- 15 ~~(e) Almost 50 percent of Medi-Cal managed care and Healthy~~
- 16 ~~Families Program members primarily speak a language other~~
- 17 ~~than English.~~
- 18 ~~(f) California's Medi-Cal and Healthy Families managed care~~
- 19 ~~contracts require health maintenance organizations to provide~~
- 20 ~~medical interpreter services to all of their LEP members.~~
- 21 ~~(g)~~
- 22 (e) It is estimated that there are fewer than 500 professional
- 23 health care interpreters in California and, of these, only a fraction
- 24 have been formally trained in health care interpreting and work
- 25 full time as health care interpreters.

SEC. 2. Section 14122.5 is added to the Welfare and Institutions Code, to read:

14122.5. (a) The department shall establish the Task Force on Reimbursement for Language Services, based on the availability of funding, to do the following, to the extent feasible:

(1) Compile interpreter models in the health care delivery system currently used by other states.

(2) Assess and evaluate those models, including all of the following:

(A) Identify and evaluate key language service delivery characteristics.

(B) Compile and assess best practices, and develop minimum interpretation and translation quality standards.

(C) Develop and evaluate oversight mechanisms on the delivery of language services.

(3) Develop and adopt a mechanism for seeking federal matching funds from the federal Centers for Medicare and Medicaid Services to pay for language assistance services, including oral interpretation services and translation of written materials, for the population that is limited English proficient and that is enrolled in the Medi-Cal program ~~or the Healthy Families Program~~.

(4) Forward a recommended system of interpreter services applicable to the Medi-Cal ~~program and the Healthy Families Program~~ *fee-for-service program* that allows for federal reimbursement for those interpreter services.

(b) The task force shall be chaired by a designee of the department and shall be comprised of the following members or their designees:

(1) ~~A minimum of three~~ *Three* representatives from the department ~~or the Office of the Patient Advocate, including at least one representative from each of those entities, at least one of whom shall be from the Office of Multicultural Health.~~

(2) ~~A minimum of three~~ *Six* representatives from *providers of health care or health care interpretation, including community clinics or, public hospitals, including and organizations representing California-licensed physicians, with* at least one representative from each of those groups.

(3) ~~A minimum of two~~ *Three* representatives from consumer groups.

1 (4) ~~A minimum of three~~ *Three* representatives from health
2 care advocacy organizations.

3 ~~(5) A minimum of two health care consumers.~~

4 ~~(6)~~

5 (5) One physician.

6 (c) *State agency and department representatives described in*
7 *subdivision (b) shall be an employee or officer of each respective*
8 *appointing agency.*

9 ~~(e)~~

10 (d) Each member described in subdivision (b) shall be
11 appointed by the department from a list of recommended
12 appointees submitted by the Chairperson of the Senate
13 Committee on Rules and the Speaker of the Assembly.

14 ~~(d)~~

15 (e) The total number of participants on the task force shall not
16 exceed 15.

17 ~~(e)~~

18 (f) Whenever possible, members of the task force shall have
19 experience working with the limited English population.

20 ~~(f)~~

21 (g) The task force shall meet at least once every two months.

22 ~~(g)~~

23 (h) The task force shall convene on or after January 1, 2007,
24 and shall report its recommendations to the Legislature by
25 submitting them to the health policy committees of the Assembly
26 and Senate no later than July 1, 2009.

27 ~~(h)~~

28 (i) Membership on the task force shall be voluntary.

29 ~~(i)~~

30 (j) All costs associated with the administration of the task
31 force shall be paid with funds contributed for that purpose by
32 private individuals and entities.

33 ~~(j)~~

34 (k) The requirements of this section shall be implemented only
35 to the extent that sufficient funding is available for that purpose.

36 ~~(k)~~

37 (l) This section shall remain in effect only until six months
38 following the date that the report required pursuant to subdivision
39 ~~(g)~~ (h) is delivered to the Legislature, or until January 1, 2010,
40 whichever is earlier, and as of that date is repealed, unless a later

1 enacted statute, that is enacted before January 1, 2010, deletes or
2 extends that date.

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